

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000612

1. Entity Name
COBEE ENERGY DEVELOPMENT LLC

FILED

01 MAY -7 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
95 MERRICK WAY
SUITE 380
CORAL GABLES FL 33134

Mailing Address
95 MERRICK WAY
SUITE 380
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

95 Merrick Way
Suite, Apt. #, etc.
Suite 380

3. Mailing Address

901 Marquette Ave.
Suite, Apt. #, etc.
Suite 2300

City & State

Coral Gables, FL

City & State

Minneapolis, MN

4. FEI Number 41-1917458

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGRM
NAME NRG LATIN AMERICA INC.
STREET ADDRESS 1221 NICOLLET MALL, SUITE 700
CITY-ST-ZIP MINNEAPOLIS MN 55403 ☐ Delete

TITLE MGRM
NAME VATTENFALL INTERNATIONAL HOLDINGS, INC.
STREET ADDRESS 1200 ANASTASIA AVE. STE. 410
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS 901 Marquette Ave., Suite 2300
CITY-ST-ZIP Minneapolis MN 55402-3265 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 8000043688-4 ☐ Change ☐ Addition
-06/06/01--01089--001
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Signature]
SIGNATURE REQUIRED

4/22/01 (602)
373-545